

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">02 / 26 / 2014</div>		
Mailing Address 3900 Willow St. Suite 200			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">70182.00</div>		
City Dallas State TX Zip Code 75226		Transaction ID : SE.4145 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">02 / 26 / 2014</div>			
Purpose of Expenditure TV & Cable Media Buy		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">341738.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
City State Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures ▶</p> <p>(c) TOTAL Independent Expenditures..... ▶</p> </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> <p>70182.00</p> <p></p> <p>70182.00</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">02 / 26 / 2014</div>		

[Electronically Filed]